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PTO/SB/81 (01-09)

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Application Number	10/057604
Filing Date	01/24/2002
First Named Inventor	Rosa O. Kelson
Title	Carrying Device for Portable Objects
Art Unit	3747
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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<input checked="" type="checkbox"/> Firm or Individual Name	Rosa O. Kelson				
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Country	USA				
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I am the:

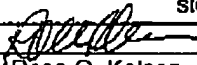
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	03/29/2011
Name	Rosa O. Kelson	Telephone	214-405-5597
Title and Company			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.☒ \*Total of 1 forms are submitted.

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